

Course	Number
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INSTRUCTIONS: Submit this report to verify successful completion.

COURSES						
☐ Primary Instructor	☐ Paramedic					
☐ First Responder	□ EVOC					
☐ Basic	☐ Extrication					
☐ Basic Advanced	☐ Instructor					
_	_					

Failure to complete any acceptance, this form v				d. Upoi	n	☐ Basic Advanc ☐ Intermediate	ed		☐ Instructor ☐ Update	
Name of Institution							Cou	nty		•
Address (street, number or Rural Route)				City			•	Zip code		
Location of Course				1				1		
Address (street, number or R	ural Route)			City				Zip Code	•	
Starting Date (month, day, ye	h, day, year) Completion date (month, day, year		(month, day, year	r) Number students starting				Number students completing		
Number of Classes held	Total course	e hours =	Number of class	ssroom ho	nours Number of clinical hour		l hours +	Numb	per of Ambulance hour	S
	PR	IMARY INSTE	RUCTOR/FIF	RST RE	ESPOI	NDER/BASIC C	OURSI	ES		
Name of Training Institution C	Official (printed)):								
Signature of Training Institution	on Official:						Date si	gned (month, da	ay, year)	
Name of Primary Instructor (p	orinted):									
Signature of Primary Instructor	or:						Date si	gned (month, da	ay, year)	
Signature of Medical Director	:						Date si	gned (month, da	ay, year)	
	В	ASIC ADVAN	ICED/INTER	MEDIA	\TE/P	ARAMEDIC CO	URSES	5		
Name of Training Institution C	Official (printed)):								
Signature of Training Institution	on Official:						Date si	gned (month, da	ay, year)	
Name of Primary Instructor (p	orinted):									
Signature of Primary Instructor	or:						Date si	gned (month, da	ay, year)	
Name of Medical Director (pri	inted):									
Signature of Medical Director: Date signed (month, day, year)										
Name of Course Coordinator	(printed):									
Signature of Course Coordinator: Date signed (month, day, year)										
E	MERGEN	CY VEHICLE	OPERATIO	NS/EX	TRIC	ATION/INSTRU	CTOR	COURSES		
Location of Driving Range:										
Signature or Approved Instruc	ctor:						Date si	gned (month, da	ay, year)	
Signature or Approved Institu	tion Official:						Date si	gned (month, da	ay, year)	
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List All Students Enrolled at the Start of the Course.								
Student Name:	County			Age	Certific	Certification Number		
Address (street, number or Rural Route)			Score	Didactic	Hours	Clinical hours	Ambulance Hours	
City, State, ZIP Code	EMS Affiliation					Driver's License or State ID Number		
Student Name:	L	County Age			Certific	cation Number		
Address (street, number or Rural Route)			Score	Didactic	Hours	Clinical hours	Ambulance Hours	
City, State, ZIP Code	EMS Affi	IS Affiliation				Driver's License or State ID Number		
Student Name:		County	Age	Certific	cation Number			
Address (street, number or Rural Route)			Score	Didactic	Hours	Clinical hours	Ambulance Hours	
City, State, ZIP Code	EMS Affi	MS Affiliation				Driver's License or State ID Number		
Student Name:	I	County			Certific	cation Number		
Address (street, number or Rural Route)				Didactic	Hours	Clinical hours	Ambulance Hours	
City, State, ZIP Code	EMS Affiliation				Driver's License or State ID Number			
Student Name:		County			Certific	fication Number		
Address (street, number or Rural Route)				Didactic Hours		Clinical hours	Ambulance Hours	
City, State, ZIP Code	EMS Affi	MS Affiliation				Driver's License or State ID Number		
Student Name:	•	County	Age Certific		ication Number			
Address (street, number or Rural Route)				Didactic	Hours	Clinical hours	Ambulance Hours	
City, State, ZIP Code	EMS Affi	EMS Affiliation				Driver's License or State ID Number		
Student Name:		County		Age	Certific	ication Number		
Address (street, number or Rural Route)			Score	Didactic	Hours	Clinical hours	Ambulance Hours	
City, State, ZIP Code	EMS Affiliation					Driver's License or State ID Number		
Student Name:	County			Age	Certification Number			
Address (street, number or Rural Route)			Score	Didactic	Hours	Clinical hours	Ambulance Hours	
City, State, ZIP Code	EMS Affiliation				Driver's License or State ID Number			